



Public Housing and Community Development
Infill Housing Program
701 NW 1 Court, 16th Floor
Miami, Florida 33136
Main Number: (786) 469-4226
Fax Number: (786) 469-4199

Date Received ____/____/____
Received By: _____

INFILL HOUSING INITIATIVE Application for Private Lots

Name of Applicant (Owner): _____

Phone No. _____ E-Mail Address _____

Mailing Address: _____

City _____, State _____ ZIP Code _____

Property Location _____ Folio No. _____

City _____, State _____ ZIP Code _____

Zoning: _____ Size of Property: _____ ft. X _____ ft. Acres: _____

Other required information:

1. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION: (If subdivided, lot, block, complete name of subdivision, plat book and page number. If metes and bounds complete description, including section, township and range.)
2. Site plan, floor plan, and elevation plans of the home.
3. Cashier's check or money order in the amount of \$100.00 payable to Public Housing and Community Development.

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the owner of the property herein described and agree to develop the property with affordable housing in accordance with the County's Infill Housing Initiative Program (Infill Housing Program) requirements. I further depose and say that I have been provided a copy of the Infill Housing Program Guidelines and understand the Program requirements.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before this
_____ day of _____, 20__

Notary Public, State of Florida
My Commission Expires: